



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

Leading in Change

2017
ANNUAL
REPORT

College of Nurses of Ontario





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OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

2017 Annual Report

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Leading in Change

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Welcome to CNO

Mission:
Regulating
nursing in the
public interest

Vision:
Leading in
regulatory
excellence

We are the College of Nurses of Ontario (CNO) and **we are here to uphold safe nursing care for the public.** We oversee the **175,000 nurses** who provide care to the people of Ontario.

How do we do this? In four main ways:



1 WE SET THE
REQUIREMENTS
FOR BECOMING
A NURSE IN
ONTARIO



2 WE INFORM NURSES OF THEIR
ACCOUNTABILITIES, AND
TELL THE PUBLIC AND OTHER
STAKEHOLDERS WHAT THEY
CAN EXPECT FROM NURSES



3 WE RESPOND TO YOUR
CONCERNS ABOUT
NURSES' CONDUCT,
COMPETENCE
AND HEALTH



4 WE ENSURE NURSES
ENGAGE IN CONTINUOUS
QUALITY IMPROVEMENT
THROUGHOUT THEIR
CAREERS

Nurses in Ontario

For more statistics
about nurses
and nursing, visit
www.cno.org/stats

Approximately
175,000
nurses



119,200
REGISTERED NURSES (RNs)



55,760
REGISTERED PRACTICAL
NURSES (RPNs)



3,344
NURSE PRACTITIONERS (NPs)

As of December 31, 2017

Executive Director and CEO's message

Every day, we work to advance public protection in Ontario by influencing health care regulation. At one of our 2017 Council meetings, patient advocate Judith John challenged us to always remember the people at the heart of health care. We know it's important for you to be confident in the care nurses provide. Nursing practice is changing to meet the needs of patients and families. We are here to make sure those changes happen safely.

Leaders need to listen. In our desire to be a responsive regulator, CNO continues to use innovative ways to listen to the public and respond to your expectations of us.

We are always striving to improve and to fulfil our commitment to being a public-facing organization. As part of our contribution to the larger health care system, we are participating in The Long-Term Care Homes Public Inquiry. In our day-to-day work, we

“

Nursing practice is changing to meet the needs of patients and families. We are here to make sure those changes happen safely.

”

are dedicated to identifying and preventing risks to patient safety.

Our colleagues in regulation have responded positively to our efforts to create progressive dialogue on national and international stages. We look forward to more opportunities to lead changes that keep patient safety our top priority. Together with Ontario's nurses, we are committed to meeting the public's expectations of us — now and in the future. ♦



A handwritten signature in blue ink that reads "Anne L. Coughlan".

ANNE COUGHLAN RN, MSCN.
EXECUTIVE DIRECTOR & CEO
COLLEGE OF NURSES OF ONTARIO



DALTON BURGER LL.M, LL.B, B.SOC.SC.
COUNCIL PRESIDENT 2017-2018
COLLEGE OF NURSES OF ONTARIO

President's message

Council has one focus when governing and setting CNO's strategic direction: to ensure safe nursing care and public trust.

As a member of the public, you are at the core of our discussions and decision-making. So that this focus continues, in 2017 we implemented a new Code of Ethical Conduct for Council and committee members. The new Code makes clear there is no role for advocacy or bias for the profession: just focus on the public interest.

We're modernizing the way Council is structured to keep pace with the public's changing needs. CNO's future board will have equal numbers of

public members and nurses working together to regulate the profession. It will also benefit from the diverse perspectives that advisory groups offer, and benefit from appointing members based on their experience, knowledge and skill.

A new approach for our Quality Assurance Program is in the works, too. In a survey of the public that we conducted in 2017, you responded with strong support for nurses to demonstrate to their regulator that they're taking steps to improve their skills. Our goal is to assure the public even more that nurses show continuing competence and quality improvement through the whole of their careers. ♦

“

We're modernizing the way Council is structured to keep pace with the public's changing needs.

”

Read more about Council's new vision
www.cno.org/governance2020

Find out more about our Council at
www.cno.org/council

CNO's committees address patient abuse, as well as public concerns about nurse practice and conduct, and the effect of nurse health on public safety. They also ensure that nurses are competent when they start to practice, and are committed to continuous quality improvement. Read about each committee at www.cno.org/committees

Five highlights from 2017



Members of the public say:



Registered Nurses say:



2017 CNO surveys of 1,013 Ontarians and 841 RNs

01 RN prescribing

We will make sure
RN prescribing is safe

RN prescribing is happening — in Canada and other parts of the world. In 2017, the Ontario government approved legal changes that will let RNs prescribe certain medications. Now it’s our job to ensure RN prescribing will be safe.

Currently, RNs can’t prescribe medications (NPs and doctors can). Because prescribing and diagnosing can pose risk to patients, we are moving to make sure RNs have the knowledge, skill and judgment they need to add this new area to their practice.

To start, we’re exploring RN prescribing of select medications: immunizations and contraception, plus smoking cessation, travel health and topical wound care. Right now, we’re working on new laws for the Ministry of Health and Long-Term Care to consider by the end of 2018.

When the change is implemented, only RNs who meet the requirements we set, including successfully completing additional education, will be able to prescribe. They will need to comply with laws and standards about prescribing, and maintain their competence in this area.

In our 2017 survey of the public, more than 80% supported this change. You told us RN prescribing will result in quicker access to, and shorter wait times for, these treatments. You also said it will give NPs and doctors more time to focus on patients with complex cases.

Our work continues — consulting with RNs and other groups, and reviewing relevant evidence. The goal is to ensure you know what you can expect from your nurse: how to identify which RNs can prescribe, the type of medications they can prescribe and where to turn if you have any concerns.

For more information, visit www.cno.org/journey-to-rn-prescribing. ♦

02

Protecting Patients Act

We're protecting patients from sexual abuse

All complaints of sexual abuse are serious. That's why we give each complaint a high-priority investigation, along with sensitive and respectful support to the people involved in our processes.

Ontario laws have changed to help stop sexual abuse of patients by health professionals. CNO advocated for these changes in the name of patient safety. When the government passed *The Protecting Patients Act, 2017*, it expanded the list of sexual abuse acts that results in revoking a nurse's registration.

Now if it's determined that a nurse's conduct is likely to expose patients to harm or injury, we can suspend or restrict the nurse sooner than we could before. We can also suspend a member earlier if we find them guilty of sexually abusing a patient. As well, there is expanded funding for therapy and counselling for anyone alleging sexual abuse by a nurse.

Government has now prohibited any sexual relationship between health care providers and patients for one year after professionals have provided care. CNO promoted this change, too, to support clear professional boundaries between health care providers and patients.

Read more about our work at www.cno.org/sexualabuse.

The new law requires us to publicize criminal charges and findings against nurses. While we were already doing most of this on our online public Register, Find a Nurse, we have made additions to increase public transparency. Now, we post all allegations against a nurse that are referred to our Discipline Committee. Even if a discipline hearing does not find professional misconduct or incompetence on the nurse's part, that outcome appears on the Register for 90 days. In addition, you can see if a nurse has been cautioned orally, had their registration revoked or is required to complete remedial activities. Discipline decisions are available on Find a Nurse and www.cno.org.

You are entitled to information about your care provider. Use Find a Nurse at www.cno.org. ♦



Making information public

WHAT'S NEW ON FIND A NURSE

- Specified allegations against a nurse
- When an investigation into a nurse's conduct is referred to the Discipline Committee
- Status of hearings before a Panel of the Discipline Committee
- Cautions/remedial activities stay on the Register indefinitely (we used to remove them after three years)

03

NPs, controlled substances & opioids

We ensure NPs have the education needed to prescribe controlled substances

In 2017, NP practice expanded to include a new authority: prescribing controlled substances. NPs are RNs with additional education and clinical experience. They have the legal authority to prescribe medication

and perform procedures, as well as to diagnose, order and interpret diagnostic tests.

Controlled substances are medications used to treat a variety of conditions such as pain, epilepsy and sleep disorders. These medications are restricted because they have a high risk of misuse, addiction or diversion for illegal use.

Before we could add prescribing controlled substances to NP practice, CNO worked with the Ministry of Health and Long-Term Care on laws needed to protect patient safety. We also

collaborated with other regulators across the country to establish consistent approaches.

As a result, all existing NPs must successfully complete additional education that our Council has approved to prescribe controlled substances. And new NPs now receive controlled substance instruction as part of their education. By the end of 2017, 89% of NPs had completed the education and were authorized to prescribe controlled substances.

For more information about NPs, visit www.cno.org/npprescribing. ♦

Opioid crisis

Opioids, which are highly addictive, are one type of controlled substance used primarily to treat pain. The liberal use of opioids for treating chronic non-cancer pain has contributed to the current opioid addiction and overdose crisis in North America.

We're addressing this issue with numerous resources to support NPs working in this area. We revised our NP practice standard, and added information to our website for determining non-opioid prescription and therapy options available for treating patients with chronic non-cancer pain.



New education supports safe practice



89%

NPs WHO COMPLETED THE EDUCATION TO PRESCRIBE CONTROLLED SUBSTANCES



80%

NPs WHO COMPLETED THE EDUCATION AND NOW PRESCRIBE CONTROLLED SUBSTANCES IN THEIR PRACTICE

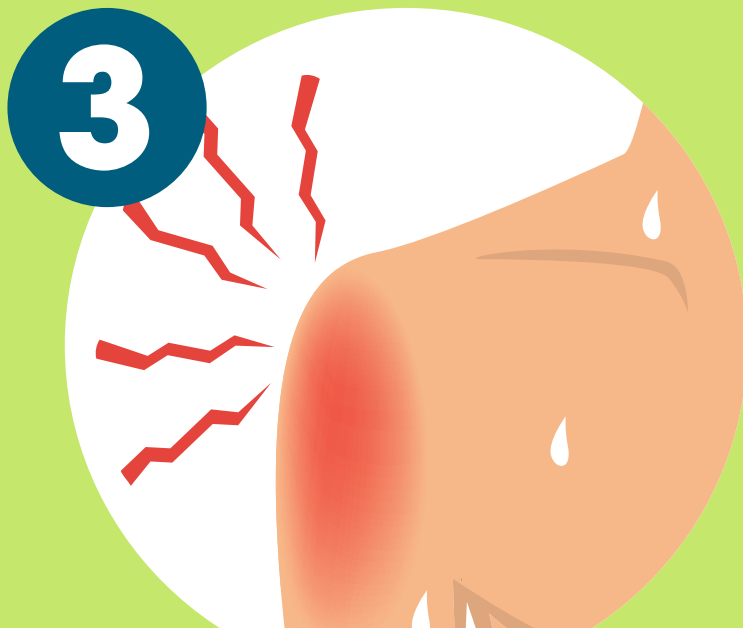
Top 5 conditions NPs prescribe controlled substances for



Acute pain



Anxiety



Chronic non-cancer pain



Sleep disorders



Palliative symptoms

TOP 5 resources nurses asked us about in 2017

1 NURSE PRACTITIONER PRACTICE STANDARD

2 DECISIONS ABOUT PROCEDURES AND AUTHORITY PRACTICE STANDARD

3 AUTHORIZING MECHANISMS PRACTICE GUIDELINE

4 MEDICATION PRACTICE STANDARD

5 PROFESSIONAL STANDARDS, REVISED 2002



04 Practice support

We changed the way we deliver practice support services to nurses

Our practice support services exist to help nurses understand their accountabilities when providing care. To ensure we have the best processes in place for patient protection, in 2017 we created a new way of delivering practice support and developing relevant educational materials — not only for nurses, but for members of the public, nurse employers, unions, nursing associations and government, too.

What resources do our stakeholders need? How can we improve their access to them? To answer these and other questions, we examine potential risks, legislation, hot topics and trends to develop materials centred on public safety. Together with groups such as

the Ministry of Health and Long-Term Care and the Ontario Hospital Association, we identify common issues and trends affecting various health care sectors.

One result is an online service of practice support that provides nurses with consistent information within a swift timeframe. When nurses contact us about their practice, 95% of their questions are answered within 24 hours. We are able to track the information nurses request and use this to develop the right resources for preventing risk to public safety.

Find out more about how this program supports safe practice at www.cno.org/practicesupport. ♦

05

Nursing program approval

We piloted a new process for ensuring graduates are ready to practice safely

One way CNO helps ensure graduates are prepared to practice is by approving all of Ontario's entry-level nursing education programs. In 2017, we began piloting a new process for approving these programs with six nursing schools.

The new process confirms that all approved programs meet comprehensive standards that put safety first. It provides an objective foundation for consistently and regularly approving the province's programs. As well, it helps ensure our Program Approval and decision-making processes are clear, open and transparent.

What sets our process apart is the amount of evidence and consultation we put into it. To develop the pilot, we sought input from front-line nurses, nursing educators and leaders, clinical instructors, students and other regulators. The goal is to deliver a quality process that is sustainable over time.

There are more than 90 nursing programs in the province, which we'll monitor each year. Every seven years, we will conduct a comprehensive review to ensure that a program's structure, curriculum and outcomes prepare graduates to practice nursing safely. Annually, we'll monitor selected data, such as nursing registration exam results. Council will use this information to make decisions about program approval. You can find the approval status of all Ontario nursing education programs at www.cno.org/programs. ♦

Some of what went into developing Program Approval



OF CNO DATA



NURSING SCHOOLS



FOCUS GROUPS



CONSULTATIONS WITH OTHER JURISDICTIONS



SURVEYS



54 EXTERNAL CONSULTATIONS



INTERVIEW PARTICIPANTS



VOLUNTEER PARTICIPANTS IN CONSULTATIONS

Year at a glance



93%

PUBLIC WHO SAY THEY **TRUST NURSES**



89%

PUBLIC WHO SAID THE LAST NURSE THEY INTERACTED WITH **TREATED THEM WITH RESPECT**



86%

PUBLIC WHO FEEL THEY COULD **TRUST** THE LAST NURSE THEY INTERACTED WITH TO PROVIDE THEM WITH **SAFE NURSING CARE**

2017 CNO survey of 1,013 members of the public



13,500

APPLICATIONS FROM PEOPLE SEEKING TO BECOME A NURSE



10,165
NEW NURSES



14%

NEW NURSES WHO WERE EDUCATED **OUTSIDE OF CANADA**



2x

NURSES WHO **RENEWED THEIR REGISTRATION** IN THE **OPENING THREE WEEKS** USING OUR NEW APPLICATION, COMPARED TO 2016



25%

DECREASE IN MEDIAN NUMBER OF DAYS WE TAKE TO **REGISTER INTERNATIONALLY EDUCATED RN APPLICANTS** (SINCE 2016)



5

UNREGISTERED PRACTITIONERS WE IDENTIFIED



48%

NURSES IN
ONTARIO AGES
35-54



801

NURSES WE RANDOMLY
SELECTED AND WHOSE
PRACTICE WE ASSESSED
AS PART OF OUR **QUALITY
ASSURANCE PROGRAM**

61%

MOST RNs WORK
IN HOSPITALS



49%

MOST NPs WORK IN
THE **COMMUNITY**



MOST RPNs
WORK IN EITHER

38%

OR

36%

LONG-TERM
CARE FACILITIES

HOSPITALS



6,126

QUESTIONS FROM
STAKEHOLDERS ABOUT
NURSING PRACTICE

ON OUR WAY TO
GOING **PAPERLESS**,
WE SCANNED

125,000

PAGES INTO OUR
NEW CUSTOMER
RELATIONSHIP SYSTEM



GOING
CASHLESS WITH

165,897

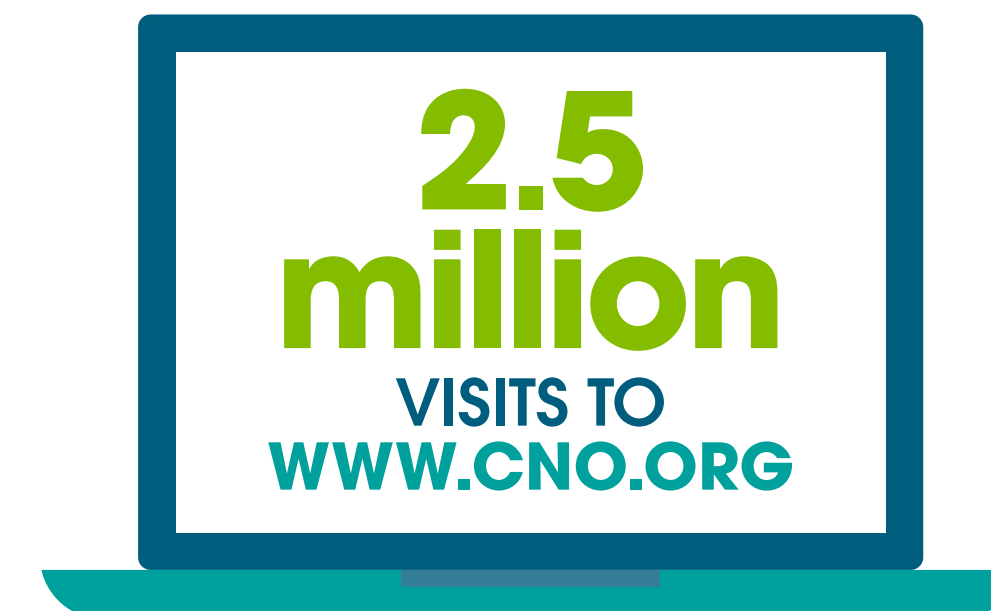
CREDIT CARD
PAYMENTS FOR ANNUAL
MEMBERSHIP RENEWAL



37

MEMBERS ON
OUR BOARD
(16 PUBLIC, 14 RNs
AND 7 RPNs)

**2.5
million**
VISITS TO
WWW.CNO.ORG



2017 Council Members

Megan Sloan RPN, RN, President	<i>January–June</i>
Dalton Burger Public Member, President	<i>June–December</i>
Pedro Andrade RN	
Cheryl Barnet NP	
Cheryl Beemer RN	
Yvonne Blackwood Public Member	<i>January–June</i>
Dalton Burger Public Member	
Dawn Cutler RN	
Renate Davidson Public Member	
Tanya Dion RN	
Catherine Egerton Public Member	
Cheryl Evans RN	
Ashley Fox RPN	
Grace Fox NP	
Joanne Furletti	<i>January–June</i>
Deborah-Jane Graystone NP	
Michael Hogard RPN	<i>January–June</i>
Terry Holland RPN	
Joe Jamieson Public Member	
Andrea Jewell RN	
Dale Lafontaine Public Member	<i>April–December</i>
Rob MacKay Public Member	<i>January–June</i>
Mary MacMillan-Gilkinson Public Member	
Connie Manning RPN	

Debra Mattina Public Member	<i>January–June</i>
Ashleigh Molloy Public Member	
Nicole Osbourne James Public Member	
Kathleen Patterson RPN	<i>June–December</i>
Tania Perlin Public Member	<i>June–December</i>
Judy Petersen Public Member	<i>June–December</i>
Desiree-Ann Prillo RPN	
Sandra Robinson NP	
George Rudanycz RN	
Maria Sheculski Public Member	
Megan Sloan RPN	<i>January–June</i>
Naomi Thick RN	<i>June–December</i>
Margaret Tuomi Public Member	
Kimberly Wagg RPN	
Devinder Walia Public Member	
Cathy Ward Public Member	
Terah White RPN	
Heather Whittle NP	
Chuck Williams Public Member	
Ingrid Wiltshire-Stoby RN	
Christopher Woodbury Public Member	<i>November–December</i>

CNO's 2017 Leadership Team

Anne Coghlan	Executive Director & Chief Executive Officer
Janet Anderson	Chief Quality Officer
Stephen Mills	Chief Administrative Officer
Elizabeth Horlock	Director, Human Resources
Farah Ismail	Director, Practice Quality
Deborah Jones	Director, Communications
Brent Knowles	Director, Analytics & Research
Kevin McCarthy	Director, Strategy
Karen McGovern	Director, Professional Conduct
Cathy Stanford	Director, Information Systems
Paul Brennan	Manager, Reports & Prosecutions
George Ianni	Manager, Information Technology
Chris Leslie	Manager, Systems Development
Allison Patrick	Manager, Quality Assurance Program
Nancy Peroff-Johnston	Manager, Practice Support
Ravi Prathivathi	Manager, Business Support
David Proctor	Manager, Facilities
Sheryl Sarfin	Manager, Complaints
Anne Marie Shin	Manager, Education Program
Michael Van Viegen	Manager, Customer Service
Suzanne Vogler	Manager, Entry-to-Practice



COLLEGE OF NURSES
OF ONTARIO

ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.



COLLEGE OF NURSES OF ONTARIO

SUMMARY FINANCIAL STATEMENTS

DECEMBER 31, 2017

Report of the Independent Auditor on the Summary Financial Statements

To the Council of the
College of Nurses of Ontario

The accompanying summary financial statements, which comprise the summary statement of financial position as at December 31, 2017, and the summary statement of operations for the year then ended, and related note, are derived from the audited financial statements of the College of Nurses of Ontario for the year ended December 31, 2017. We expressed an unmodified audit opinion on those financial statements in our report dated June 7, 2018.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the College of Nurses of Ontario.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements on the basis described in the note to the summary financial statements.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of the College of Nurses of Ontario for the year ended December 31, 2017 are a fair summary of those financial statements, on the basis described in the note to the summary financial statements.



Toronto, Ontario
June 7, 2018

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF NURSES OF ONTARIO

Summary Statement of Financial Position

December 31

2017
\$

2016
\$

ASSETS

Current assets

Cash and cash equivalents

24,013,457 30,366,903

Investments

7,556,455 10,363,024

Amounts receivable

190,087 50,480

Prepaid expenses

648,142 642,730

32,408,141 41,423,137

Investments

8,306,173 8,513,103

Capital assets

7,836,511 7,378,666

Intangible assets

433,740 202,006

Defined benefit asset

552,916 291,426

17,129,340 16,385,201

49,537,481 57,808,338

LIABILITIES

Current liabilities

Accounts payable and accrued liabilities

7,095,228 8,103,181

Deferred membership and examination fees

17,979,825 28,589,787

25,075,053 36,692,968

NET ASSETS

Invested in capital and intangible assets

8,270,251 7,580,672

Unrestricted

16,192,177 13,534,698

24,462,428 21,115,370

49,537,481 57,808,338

COLLEGE OF NURSES OF ONTARIO

Summary Statement of Operations

Year ended December 31	2017 \$	2016 \$
Revenues		
Membership fees	34,110,126	27,697,108
Credential evaluations, endorsements and transcripts	2,294,288	2,217,962
Examinations	2,006,256	1,915,471
Investment income	448,573	432,314
Other	200,409	236,471
	39,059,652	32,499,326
Expenses		
Employee salaries and benefits	21,693,109	21,495,192
Consultants	4,945,242	3,274,042
Legal services	2,590,297	2,364,848
Equipment, operating supplies and other services	2,866,527	3,149,368
Taxes, utilities and amortization	1,243,421	1,303,237
Examination fees	1,547,959	1,357,164
Non-staff remuneration and expenses	838,987	798,157
	35,725,542	33,742,008
Excess of revenues over expenses (expenses over revenues) for year	3,334,110	(1,242,682)

Note to Summary Financial Statements

December 31, 2017

1. Basis of presentation

These summary financial statements have been prepared from the audited financial statements of the College of Nurses of Ontario (the "College") for the year ended December 31, 2017, on a basis that is consistent, in all material respects, with the audited financial statements of the College except that the information presented in respect of changes in net assets and cash flows has not been presented and information disclosed in the notes to the financial statements has been reduced.

Complete audited financial statements are available to members upon request from the College.

HILBORN

LISTENERS. THINKERS. DOERS.